

SINGLE CANDIDATE COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

|

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.state.nj.us/ FORM D-1

FOR STATE USE ONLY
ELEC RECEIVED

MAR - 7 2016

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FOR COUNC	11	
Code) RD PL. 78	EANECK NJ C	7666
6354	(Area) Evening Telepho (201) 776-63	one ,
	K	
Political Party, if any	Offi	CONCLLMEMBER
icipal 🔲 Run-Off 🔲	School	☐ Special ☐ Yes ☑ No
1) SHILAN	,	
).		
	State NJ	Zip Code
2328	*(Area) Evening Telephone (201) 2.89	2328
	<u></u>	
CIS		
	State NJ	Zip Code 07666
939	*(Area) Evening Telephone (<u>201)</u> 921 <u>-</u> 3	3939
CT		
<u></u>	State NJ	Zip Code 07666
	<u></u>	
BANK		
LISADE AVE	<u> </u>	
ECK	State NJ	Zip Code 07666
-2902	. <u> </u>	
COUNCIL	Account Number 115 0 37 4	Form D-1 Revised: 02/05/2013
	FOR COUNCE (Code) PL. 72 (Code	FOR COUNCIL Code) PL. TEANECK NJ C (Area) Evening Telephone (Bol) State (Area) Evening Telephone

iling Address /6/5 ARDSUEY CT. Y TEANECK rea) Day Telephone Goi) 92/-3939 me CHONDRA YOUNG siling Address /58 CRANFORD PL Y TEANECK rea) Day Telephone (201) 776-6354 me alling Address	State *(Area) Evening Telephone (201) 921-3939 *(Area) Evening Telephone (201) 776-63 State *(Area) Evening Telephone	Zip Code 07666
Illing Address /6/5 ARDSCEY CT. Y TEANECK rea) Day Telephone (201) 921-3939 me CHONDRA YOUNG Silling Address /58 CRANFORD PL Y TEANECK Area) Day Telephone (201) 776-6354 me silling Address	*(Area) Evening Telephone (201) 921-3939 State *(Area) Evening Telephone (201) 776-63	7666 07666 07666
TEANECK rea) Day Telephone (201) 921-3939 me CHONORA YOUNG siling Address 158 CRANFORD PL Y TEANECK rea) Day Telephone (201) 776-6354 me alling Address	*(Area) Evening Telephone (201) 921-3939 State *(Area) Evening Telephone (201) 776-63	7666 07666 07666
rea) Day Telephone (Acr) 921-3939 me CHONOR A YOUNG siling Address /58 CRANFORD PL Y TEANECK area) Day Telephone (ACI) 776-6354 me alling Address	State NJ *(Area) Evening Telephone (201)776-63	Zip Code 07666 354
CHONDRA YOUNG Illing Address /SB CRANFORD PL Y TEANECK Irea) Day Telephone (201)776-6354 Imme Illing Address	*(Area) Evening Telephone (201)776-63	354
Illing Address /SB CRANFORD PL Y TEANECK Area) Day Telephone (201)776-6354 Imme Alling Address	*(Area) Evening Telephone (201)776-63	354
TEANECK Area) Day Telephone (201)776-635Y Ime alling Address	*(Area) Evening Telephone (201)776-63	354
rea) Day Telephone (201) 776-6354 Ime alling Address	State	
alling Address	State	
У		Z ip Code
		Zip Code
rea) Day Telephone	*(Area) Evening Telephone	
ertify that the statements on this document are true. I further certification of establish, authorize the establishment of, maintain, or political committee or continuing political committee. I am aware the inishment. 3 3 16 CHONDRA YOUNG PRINT FULL NAME (CANDIDATE) CHAIRPERSON/TREAS	participate directly or indirectly in the nation in the nation in the statements are willful	nanagement or control of a illy false, I may be subject
certify that the statements on this document are true. I am aware	that if any of the statements are willf	ully false, I may be subject
DATE DATE DATE DATE DATE DATE PRINT FULL NAME (CHAIRPERSON) PRINT FULL NAME (TREASURER)	SIGNATURE (GHAIRPEI	Shelin RSON)
reasurers for Gubernatorial and Legislative candidates are require ommission. Check here [] if you have completed the training an	ed to receive training with the New Jers id enter your Treasurer Training ID#	sey Election Law Enforcem

Lirction Law Fatorcement Commission 197

CANDIDATE – SWORN STATEMENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.state.nj.us

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ELEC RECEIVED

PLEASE TYPE OR PRINT] APR 1 2 2016
Candidate Name Chondra Young	
Candidate Committee Name Young for Council	
Address (Number and Street, City, State, Zip Code) 158 Cranford Place Teaneck, New J	ersey 07666
*(Area) Day Telephone (201) 776-6354 *(Area) Evening Telepho	ne (201) 776-6354
County Legal Name of Election District or Municipality	
Bergen Township of Teaneck	
Election Date May 10, 2016 Political Party, if any Cour	cilperson
Election Type: (CHECK ONE) ☐ Primary ☐ General	Amendment ial Yes Do
 the undersigned, do hereby certify as follows: The total amount expended or to be expended on behalf of my candidacy by me or by any other committee shall be zero, or shall not, in the aggregate, exceed \$4,500 for this efection. 	er candidate, person, or
 I am aware that in the event the total amount expended or to be expended on behalf of my candida candidate, person or committee shall, in the aggregate, exceed \$4,500, I am required to file a "Rep Expenditures," Form R-1, on each subsequent reporting date. 	
3. I am aware that if I receive a contribution in excess of \$300 in the aggregate from one source in a (cash) contribution in any amount, I am required to report the contribution to the Commission on "So Information," Form C-1, including the identity of the source and the aggregate total of contributio contributor is an individual, his/her occupation and the name and address of his/her employer.	pplemental Contributor
4. If am aware that if I receive a contribution in excess of \$1,400 in the aggregate from one source is before the election up to, and including, the day of the election, I am required to notify the Communication of the contributor Information," Form C-1, within 48 hours of receipt of the contribution a and the aggregate amount received therefrom during the period, and, if the contributor is an individual of the name and address of his/her employer.	nission in writing on the nd to identify the source
5. I am aware that if I make, incur, or authorize an expenditure of money or other thing of value in aggregate to support or defeat a candidate or public question, starting with the 13th day before including the day of the election, I am required to notify the Commission in writing within 48 hou the Form E-1, "Supplemental Expenditure Information."	e the election up to and
6. I am aware that I, as a candidate, am required to designate a campaign treasurer and a campaign required to file with the Commission a "Certificate of Organization and Designation of Campaigners," Form D-1, no later than 10 days after receipt of any contribution on behalf of my campaigners, whichever comes first.	ampaign Treasurer and
I certify that the statements on this document are true. I am aware that if any of the statements are will punishment.	fully false, I may be subject to
Candidate Signature 20 1 Date 4	1,0/16
Chl 4-7	10 16

FORM R-1	REPORT	OF CONTRIBUTIONS AND EXPENDITURES		29 - DAY PR	•
	P.O. Box 185, Tre 32-8700 or Tol! Free V	W ENFORCEMENT COMMISSION enton, NJ 08625-0185 Vithin NJ 1-888-313-ELEC (3532) ec.state.nj.us		☐ Apr. 15,	
CANDIDATE OR CO	NAME OF STREET	Young for Council	一	July 15, Oct. 15, Jan. 15,	
STREET ADDRESS 158 Cranford F	S Place Teaneck, New J	ersey 07666	\neg	Amendment Yes	
CITY Teaneck		STATE ZIP CODE 07666			te Use Only
COUNTY Bergen		ELECTION DISTRICT OR MUNICIPALITY Township of Teaneck	Y		L 1 1 2016
POLITICAL PARTY,	, IF ANY	OFFICE SOUGHT Council			
ELECTION DATE May 10, 2016	ELECTION TYPE (CHECK ONE)	PRIMARY MAY MUNIC GENERAL RUN-OFF	CIPAL	SCHOOL	
SUMMARY TABL		MPT TO COMPLETE TABLES I AND II UN SCHEDULES HAVE BEEN COMPLETED			
TABLE I. RECEIF	rts			THIS REPORT	CUMULATIVE TO DATE
		ANS OF \$300 OR LESS	\$	1025.00	\$ 2695,00
	NTRIBUTIONS IN EX	XCESS OF \$300 AND ALL CURRENCY	\$	2000.00	\$ 2000.00
	RIBUTIONS OF \$300	OR LESS	\$		\$ 42.93
4. IN-KIND CONTR	RIBUTIONS IN EXCES	SS OF \$300 [Schedule B]	\$	·	\$ 433.41
5. LOANS RECEIV		300 AND ALL CURRENCY LOANS	\$	1202.08	\$ 1202.08
[Schedule C] 6. SUB TOTAL		(ADD LINES 1 THRU 5)	\$	4227.08	\$ 6373.42
7. REFUND OF CO	ONTRIBUTIONS [Adju	ustment Schedule] (-)	\$	· · · · · · · · · · · · · · · · · · ·	\$
8. TOTAL CONTR	IBUTIONS	_	\$		\$
9. ADD FUNDS TR	RANSFERRED FROM	PRIOR CAMPAIGN (+)	\$	<u></u> -	\$
10. TOTAL RECEIP	PTS	(ADD LINE 8 + LINE 9)) \$	4227.08	\$ 6373.42
TABLE II. EXPEN	NDITURES				·
1. DISBURSEME	NTS - CAMPAIGN EX	(PENSES [Schedule 1(D)]	\$	5260.42	\$ 6336.23
1	NTS - OTHER (Sched		\$		\$
	NTS - CONTRIBUTIC COMMITTEES (Sche	ONS MADE TO OTHER dule 3(D)]	\$		\$
4. CONTRIBUTIO	ONS MADE ON BEHA unt Schedules 1(D) ar	LF OF OTHERS	\$		\$
5. IN-KIND CONT	RIBUTIONS OF \$300	0 OR LESS (TABLE I, LINE 3)	\$		\$
6. IN-KIND CONT	FRIBUTIONS IN EXC	ESS OF \$300 (TABLE I, LINE 4)	\$		\$
7. SUB TOTAL		(ADD LINES 1 THRU 6	\$	5260.42	\$ 6336.23
8. REFUNDED D	ISBURSEMENTS (Sc	thedule F] (-	-) \$		\$
9. TOTAL EXPE	NDITURES	(LINE 7 MINUS LINE 8	3) \$	5260.42	\$ 6336.23

SCHEDULE A

Monetary Contributions in Excess of \$300 and All Currency Contributions

CONTRIBUTOR NAME Charles Powers	EMPLOYER NAME	
CONTRIBUTOR ADDRESS 1374 Academy Lane Teaneck NJ	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 900.00 OCCUPATION Retired	DATE(S) RECEIVED 5/2/16	AMOUNT(S) RECEIVED THIS PERIOD \$ 900.00
CONTRIBUTOR NAME	EMPLOYER NAME	
Barbara L. Toffler	EMPLOYER ADDRESS	
CONTRIBUTOR ADDRESS 1374 Academy Lane Teaneck NJ	ENIFECTER ADDITESS	<u></u>
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 1100.00	DATE(S) RECEIVED 5/2/16	AMOUNT(S) RECEIVED THIS PERIOD \$ 1100.00
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY S OCCUPATION	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	<u> </u>
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	OTAL, THIS PAGE	\$ 2000.00
(00	RAND TOTAL	\$
	2	FORM R-1 Revised 03/07/2013

SCHEDULE B In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME		EMPLOYER NAME	ļ
Barbara L. Toffler		<u> </u>	<u> </u>
CONTRIBUTOR ADDRESS 1374 Academy Lane Teaneck NJ		EMPLOYER ADDRESS	·
OCCUPATION	AGGREGATE AMOUNT 433.41	DATE(S) RECEIVED 2/29/16 & 4/3/16	AMOUNT(S) RECEIVED THIS PERIODI \$
Retired			
DESCRIPTION OF IN-KIND CONTRIBUTI Food Catering and Paper products for		ents	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
4	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTI	ION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	-
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUT	ION(S)		
CONTRIBUTOR NAME	·· ·	EMPLOYER NAME	•
CONTRIBUTOR ADDRESS	<u> </u>	EMPLOYER ADDRES	S
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUT	ION(S)		
(COMPLETE THIS LINE FOR EVERY P.	AGE USED) TO	TAL, THIS PAGE	\$ 433.41
(COMPLETE THIS LINE FOR LAST PA		RAND TOTAL	\$ 2433.41

SCHEDULE C Loans Received in Excess of \$300 and All Currency Loans

Charles Powers		EMPLOTER	MAINIE		
LENDER ADDRESS 1374 Academy Lane Teaneck NJ		EMPLOYER	ADDRE	SS	
OCCUPATION	<u> </u>			· ·	
Retired					
CO-SIGNER NAME		EMPLOYER	NAME		
CO-SIGNER ADDRESS		EMPLOYER A	ADDRE	:\$S	
OCCUPATION		AMOUNT(S)	RECEI 1208.0	VED THIS PERIOD 08	-
DATE(S) RECEIVED 4/12/16 & 5/10/16	AGGREGATE AM	OUNT		CHECK IF CURRENCY	
LENDER NAME	<u> </u>	EMPLOYER	NAME	<u> </u>	
LENDER ADDRESS		EMPLOYER	ADDRE	ESS	
OCCUPATION	<u> </u>			<u> </u>	, . <u>.</u> .
CO-SIGNER NAME	·	EMPLOYER	NAMÉ		<u>_</u>
CO-SIGNER ADDRESS	· · · · · · · · · · · · · · · · · · ·	EMPLOYER	ADDRI	ESS	<u> </u>
OCCUPATION		\$	RECE	IVED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AM	IOUNT		CHECK IF CURRENCY	
TOTAL AMOUNT OF LOANS RECEI	IVED THIS REPORT PER	RIOD	\$	1208.08	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	P	AYEE NAME AND ADDR	ESS	REFUNDED AMOUNT
		 -			\$
		: !			
					:
					!
(COMPLETE THIS	LINE FOR EVERY PA	AGE USED)	TOTAL, THIS PAGE	\$	
(COMPLETE THIS	LINE FOR LAST PA	GE USED)	GRAND TOTAL	\$	

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

PRO-RATA AMOUNT OTHERS	€	₩	↔	FORM R-1 Revised 03/07/2013
PRO-RATA AMOUNT THIS REPORTING ENTITY		\$	€	0
FULL AMOUNT	€			
PURPOSE		\$	GRAND TOTAL	دد
PAYEE NAME AND ADDRESS	see attachment		(COMPLETE THIS LINE FOR EVERY PAGE USED)	A Principal
CHECK NO.			HIS LINE FOR	interest of the state of the st
PAYMENT DATE			COMPLETE TE	

. leabigipul/vaeamoO	Address	Expense For	Date	Amount	Check #
	312 Frances St Teaneck NJ 07666	Campaign Kickoff	3/5/2016	\$200.00	101
Du pervices-dose ord.	150 Cranford Diago Teaneck N.	Campaign Kickoff- Photographer and Banner Reimbursement	3/5/2016	\$250.00	103
Chondra roung		Lower Signs for Campaign Deposit	3/17/2016	\$290.00	<u> 1</u>
:	112 Fort Lee Rd, Teanetk, NJ 07060	Town Stons for Campaign	3/30/2016		card
	112 For Lee Ru, Tearleck, No Oyou	Sawino for Sisters Quilt	4/2/2016	\$42.27 ca	card
	165 N3-4, Paramus, N3 07 032	Sewing for Sisters Quilt	4/2/2016	\$93.54 ca	card
Broadway rabines		Filings	4/12/16	\$22,95	
phic	112 Fort Lee Rd, Teaneck, NJ 07666	Lawn Signs for Campaign	4/18/2016	\$491.34	
	1 Garret Mountain Plaza				
North Jersey Media Group	Woodland Park, NJ 07424-0471	Newspaper Ad	5/2/16	\$608.32 C	\$608.32 Certified check
Dynamics Inc		Literature	5/4/16	\$650.00	107
Chondra Young	158 Cranford Place Teaneck, NJ	Canvassers Reimbursement of Personal Funds Paid - 5/3	5/5/16	\$240.00	
Chondra Young	158 Cranford Place Teaneck, NJ	Canvassers Reimbursement of Personal Funds Paid - 5/4	5/5/16	\$240.00	
86511	· ·	EDDM	5/5/16		loan
SdSII.		EDDM	5/6/16	\$540.32 lo	loan
Chondra Vollog	158 Cranford Place Teaneck, NJ	Canvassers Reimbursement of Personal Funds Paid - 5/5	5/7/16	\$240.00	
Solution Prints		Election Night Photo	5/10/16	\$75.00	108.
	1515 Toanack Rd Teanack, N.	Election night catering	5/10/16	\$454.44	
Esa La Nella Del Ollocada Transport Inde	Smother Inde	Election night catering	5/10/16	\$218.00	
Ligo Discount		Election night catering	5/10/2016	\$128.29	
יושכטיים:		Literature	5/10/2016	\$450.00	1
Oylemics inc	158 Cranford Place Teaneck, NJ	Carvassers Reimbursement of Personal Funds Paid - 5/6	5/20/16	\$240.00	
			alata al alu ne -		
	Une				
		Total This Page		\$6.336.23	

.

SCHEDULE 2(D) - DISBURSEMENTS Other

Γ				
	PRO-RATA AMOUNT OTHERS	€	\$	€9
	PRO-RATA AMOUNT THIS REPORTING ENTITY	€	\$	€
	FULL AMOUNT	€\$	\$	€
	PURPOSE		TOTAL THIS DACE	GRAND TOTAL
	PAYEE NAME AND ADDRESS			(COMPLETE THIS LINE FOR EVERY PAGE USED)
	CHECK NO.			IIS LINE FOR
	PAYMENT DATE			(COMPLETE THIS LINE FOR EVI

SCHEDULE 3(D) - DISBURSEMENTS Contributions made to other Candidates/Committees

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				€
(COMPLETE THIS LINE FOR EV	INE FOR EVERY PAC	ERY PAGE USED)	TOTAL, THIS PAGE	₩.
COMPLETE THE FOLLOWING		LINES FOR LAST PAGE USED:		
SCHEDULE 3(D) GRAND TOTAL	RAND TOTAL			₹.
ADD THE "PRO - F	₹ATA AMOUNT OTHE	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	•	2. \$
GRAND TOTAL OF	F CONTRIBUTIONS M	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES	SB	3. \$

New Jersey Election Law Enforcement Commission

SCHEDULE E

Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
				\$
!				
TOTAL OUTSTANDING OBLIGATIONS			\$	

SCHEDULE F

Refunded Disbursements

Date(s)	Check #	Full Name	Address	Description	Amount
-					\$
			<u> </u>		
				SCHEDULE F TOTAL	\$ 4 R-1 Revised 03/07/2013

SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMITTEE					
MAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY				
	ELECTION DISTRICT OR MONICIPALITY				
	DAYMENT DATE LANGUAR				
CHECK NUMBER	PAYMENT DATE	AMOUNT			
NAME OF RECIPIENT CANDIDATE/COMMI	TCC	\$			
NAME OF RECIPIENT CANDIDATE/COMMITTEE					
MAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE	AMOUNT			
		\$			
NAME OF RECIPIENT CANDIDATE/COMMI	ITEE				
MAILING ADDRESS					
THE CONTROL OF THE CO					
SELECTION DISTRICT OR MUNICIPALITY					
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE	AMOUNT			
		\$			
NAME OF RECIPIENT CANDIDATE/COMMITTEE					
MAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE	AMOUNT			
		\$			
NAME OF RECIPIENT CANDIDATE/COMMITTEE					
MAILING ADDRESS		<u></u>			
IVIAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE	AMOUNT			
		\$			

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER				
Opening Balance, this insert closing balance of la insert zero.)	report st report, or, if this is the first report filed by this entity for this e	election, <u>\$</u> 594.19		
Funds Transferred from Prior Campaign				
Deposits (Include interest) 5779.23 \$				
Disbursements (Include bank charges) \$ 6336.23				
Closing Balance, this R	37.19 \$			
NVE Bank				
NAME OF BANK OR DEPO		NAME OF ACCOUNT		
	ADDRESS OF BANK OR DEPOSITORY			
Tamika Francis		2019213939		
NAME OF TREASURER 1615 Ardsley Ct Teaneck	, NJ 07666	*TELEPHONE NUMBER (DAY)		
	ADDRESS OF TREASURER	· - ·		
	CERTIFICATION			
•	ts on this document are true, and that the contribution ame are that if any of the statements are willfully false, I may be <u>su</u>			
6/20/16	Chondra Young	la l		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)		
DATE DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)		
Treasurers for Gubernatorial and Legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission. Check here if you have completed the training and enter your Treasurer Training ID#				
	DECLARATION OF FINAL REPOR	RT		
If this is the final report, sign applicable Declaration below as well as Certification above. Chapter 65 of the Laws of 1993 requires that all filing entities continue to file reports with the Commission until all campaign business is wound up and the fund is dissolved. I certify that all contributions or other monies received by this election fund have been disbursed, that there are no outstanding toans or other obligations, and that the election fund has wound up its business and has been dissolved.				
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)		
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)		

FORM R-1 Revised 03/07/2013